

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS174AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/03/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>TOUCH OF LOVE 3</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>808 FAIRWAY DRIVE LAS VEGAS, NV 89107</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 28384 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/3/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received the grade of A.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was six. Six resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 179 SS=D	<p>449.209(6) Health and Sanitation-Screens</p> <p>NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation on 11/3/09, the facility</p>	Y 179		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 179	Continued From page 1  failed to provide a screen on the kitchen window to prevent the entry of insects.  Severity: 2      Scope: 1	Y 179		
Y 434 SS=C	449.229(3) Emergency Drills  NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.  This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review and interview on 11/3/09, the facility did not ensure that monthly evacuation drills were conducted appropriately. The fire drill report log for November 3 was completed at 8:00 AM and the actual drill did not take place until several hours later.  Severity: 1 Scope: 3	Y 434		

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